

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/530577** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	21					
5	13					
6	①1					
7	1①					
8	④1					
9	1④					
10	④1					
11	1④					
12	④1					
13	1④					
14	④1					
15	1④					
16	④1					
17	1④					
18	④1					
19	1④					
20	④1					
21	1④					
22	④1					
23	1④					
24	④1					
25	1④					
26	④1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1④					
34	④1					
35	1④					
36	④1					
37	1④					
38	④1					
39	1④					
40	④1					
41	1④					
42	④1					
43	1④					
44	④1					
45	1④					
46	④1					
47	1④					
48	④1					
49	1④					
50	④1					
TOTAL IND.	2					
TOTAL DEP.	48	↓	↓	↓		
TOTAL CLAIMS	50	↓	↓	↓		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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92						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS		↓	↓	↓		